



**MUSCOGEE (CREEK) NATION
SOCIAL SERVICES DEPARTMENT**

P.O. Box 580
Okmulgee, OK. 74447
Phone: 918-549-2445 ♦ Toll Free: 1-800-482-1979 ext. 2445
Fax: 918-549-2494 ♦ Email: socialserv@mcn-nsn.gov

Director: ShaRee Scott

Federal Program Manager: Redeena Butler

Current Landlord Statement

_____ is currently living in the _____ bedroom
Name of Applicant/Family
travel trailer/mobile home/apartment/duplex/house, located at:

_____ Address _____ City _____ State _____ Zip _____

The property is currently being rented for \$_____ per month and is due_____.

The applicant is responsible for the following utilities:

☐ Electric ☐ Gas ☐ Water ☐ All bills paid

***NOTE: Documentation of ownership showing the legal description is required for all property.**

Property Name: _____

Manager / Landlord: _____

Mailing Address: _____

City / State / Zip: _____

Phone Number: _____

Fax Number: _____

Will you accept a faxed/email/phone commit to pay? ☐ Yes ☐ No

By signing below, I confirm/acknowledge:

- The unit is occupied by the applicant listed above.
- The completion of this form is to determine eligibility only.
- This form does not guarantee of payment from the MCN Social Services.
- All information provided by me is true and correct.

Applicant Signature

Date

Property Manager/Landlord Signature

Date

Should you have any questions or concerns please call the Muscogee (Creek) Nation Social Services Office.